

## Frail Elderly Certification Form for Projects Funded with Low Income Housing Tax Credits

This property, in receiving a Low-Income Housing Tax Credit allocation was selected in part due to the Owner's commitment to set aside units for frail elderly populations at the property. As part of NJHMFA annual monitoring, the owner must complete and submit the following information. Review NJ HMFA's [Compliance Monitoring Manual](#) for further detail on the requirements of this annual monitoring form. Failure to comply with the social service requirements committed to in the application is grounds for a determination of noncompliance.

*Please fill out this form and check off each item as it pertains to the property and submit the complete package on or before January 31<sup>st</sup>. Failure to submit by the deadline is noncompliance that shall be reported to the IRS.*

### FRAIL ELDERLY POPULATION CERTIFICATION FORM

LIHTC #:	HMFA # (if applicable):
Property Name:	Property Address:
Credit Allocation Year*:	Compliance Year: 2024
Number of Set-Aside units:	

\*Refer to Carryover Allocation Agreement

**This form certifies the following tenants meet the definition of "Frail Elderly" as defined below.**

	Tenant Initials
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Definitions: "Frail elderly" means a person at least 62 years of age who requires assistance in performing at least two activities of daily living or instrumental activities of daily living (that is, eating, dressing, grooming and household management activities)

### OWNER CERTIFICATION

By signing this form, the Owner is confirming the special needs population set aside units described to at the time of the LIHTC application are being met at this property.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Title: \_\_\_\_\_

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*Please fill out this form and check off each item as it pertains to the property and submit the complete package on or before January 31<sup>st</sup>. Failure to submit by the deadline is noncompliance that shall be reported to the IRS.*

### FRAIL ELDERLY POPULATION CERTIFICATION FORM

LIHTC #: 01234	HMFA # (if applicable):
Property Name: Hillside Senior Housing	Property Address: 600 W 7 <sup>th</sup> Street Anytown, NJ XXXXX
Credit Allocation Year*: 2003	Compliance Year: 2024
Number of Set-Aside units: 5	

\*Refer to Carryover Allocation Agreement

This form certifies the following tenants meet the definition of "Frail Elderly" as defined below.

	Tenant Name
1.	J.T.; Unit 2
2.	R.M.,; Unit 5
3.	G.S.; Unit 3
4.	E.M. Unit 15
5.	D.S. Unit 17
6.	
7.	
8.	
9.	
10.	

Definitions:

"Frail elderly" means a person at least 62 years of age who requires assistance in performing at least two activities of daily living or instrumental activities of daily living (that is, eating, dressing, grooming and household management activities)

OWNER CERTIFICATION

By signing this form, the Owner is confirming the special needs population set aside units described to at the time of the LIHTC application are being met at this property.

Owner's Signature: \_\_\_\_\_ *Barbara Power* Date: \_\_\_\_\_ *Month, Day, Year* \_\_\_\_\_

Owner's Name: \_\_\_\_\_ *Barbara Power* \_\_\_\_\_

Owner's Title: \_\_\_\_\_ *Director* \_\_\_\_\_